



## LOUISIANA DEPARTMENT OF INSURANCE LICENSE CANCELLATION REQUEST

This form can be submitted by e-mail to [producerlicensing@ldi.la.gov](mailto:producerlicensing@ldi.la.gov) or by fax to (225) 342-3754.

LICENSEE INFORMATION	
<input type="checkbox"/> Producer <input type="checkbox"/> Adjuster	<input type="checkbox"/> Resident <input type="checkbox"/> Nonresident
Name	Louisiana License Number
NPN( if known)	Contact Number (     )
Business email	Personal email

REQUEST TO CANCEL LICENSE	
<input type="checkbox"/> I am requesting the cancellation of my Louisiana insurance license.	
Or	
<input type="checkbox"/> I am requesting the following line(s) of authority cancelled from my license. _____ _____	
_____ Signature of Licensee	_____ Date
_____ Title of signer, if licensee is a business entity	